## STATE OF ARKANSAS Election By Small Business Corporation

| Federal Employer Identification Number (FEII   | FEIN) Election is to be Effective for AR Tax Year Beginning (MM/DD/YYYY)                    |         |                 |                   |                           | NAICS Code  |                     |   |                                  |  |
|--|---|---------|-----------------|-------------------|---------------------------|---|---------------------|---|----------------------------------|--|
| Name of Corporation (Please print or type)   |   |         |                 |                   |                           | Date of Incorporation                               |                     |   | Date Began Business in AR        |  |
| Address  |   |         |                 |                   |                           | Date of Federal S Election                          |                     |   | State of Incorporation           |  |
| City   | State Zip Code  |         |                 |                   | C                         | Corporation's Telephone Number                      |                     |   |                                  |  |
|  |   |         |                 |                   |                           |   |                     |   |                                  |  |
| Name and Title of Officer or Legal Representative who the State may call for Additional Information                            |   |         |                 |                   |                           | Telephone number of Officer or Legal Representative |                     |   |                                  |  |
|  |   |         |                 |                   |                           | Fax ( )   |                     |   |                                  |  |
|  |   |         |                 |                   |                           | Email   |                     |   |                                  |  |
| A corporation may elect Subchapter S tr<br>income tax purposes for the same tax ye<br>Department of Finance and Administration | ear. The Arkan  | sas ele | ction, w        | ith each shareh   |                           |   |                     |   |                                  |  |
| Name, Address, City, State and Zip<br>Code of each Shareholder<br>(Please Print or Type) (Required)                            | Shareholder's signature. For this election to be valid, all shareholders must signify their |         |                 |                   |                           |   | older Informat      | Social Security Number of Shareholder or FEIN |                                  |  |
| (Flease Fillit of Type) (Required)   |   |         |                 |                   |                           | family  |                     | ၅   | (if applicable) See instructions |  |
| Do Not write in shaded areas   | Signature   |         |                 |                   | # of Shares or<br>% Owned | Check if family<br>member                           | Date(s)<br>Acquired | State of<br>Residence                         |                                  |  |
| Siç  |   |         |                 | Date              |                           |   |                     |   |                                  |  |
|  |   |         |                 |                   |                           |   |                     |   |                                  |  |
|  |   |         |                 |                   |                           |   |                     |   |                                  |  |
|  |   |         |                 |                   |                           |   |                     |   |                                  |  |
|  |   |         |                 |                   |                           |   |                     |   |                                  |  |
| NOTE: For this election to be valid, the cons supplemental consent form or an additional s                                     | ent of each stoc  | kholder | must be         | shown on this for | m. If add                 | itional   | space is nee        | ded att                                       | ach an AR1103                    |  |
| Under penalties of perjury, I declare this Electromplete statements.   |   |         |                 |                   |                           |   |                     |   |                                  |  |
| Officer's Signature  |   |         | Officer's Title |                   |                           |   | Date                |   |                                  |  |
| Mail Completed   |   |         |                 | s-Important Note  |                           | 1 1441  | Pock AP             | 72202   | 0010                             |  |